NO. 533

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HAWAII STATE ETHICS COMMISSION
DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle)

DELA CRUZ, Lillian (Linda) K.

STATE POSITION HELD: (Dept/Div or Board/Commission)

OFFICE OF HAWAIIAN AFFAIRS TRUSTED TERM OF OFFICE (Begin/End):

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
	OFFICE OF HAWAIIAN AFFAIRS 711 Kapiolani Boulevard, Suite 500 Honolulu, Hi. 96813	32,000	11 11
	HELCO PENSION 1200 Kilauea Ave. Hilo, Hi 96720	8;615	11 11
	Social Security NO OTHER INCOME, BUSINESS, etc	11,748	11 11
	110 011121 11100112, 200 2111 1111	· .	

[]Check here If entry is None

[|Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTÉRESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

SP.	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
	·			
		·		
				1.

[]Check here if entry is None

[]Check here if additional sheets are attached

'i List anv o	ITEM 3: TRANSFER OF OWNERSH wnership or beneficial interests in businesses tran			
F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRA			DATE OF TRANSFER
	· .			,
[X]Chec	ck here if entry is None]Check here if addition	al sheets are attached
List the na	ITE ame and address of each creditor to whom the val nount and amount outstanding (excluding debts a	M 4: CREDITORS lue of \$3,000 or more was trising out of retail transact	owed during the disclosu tions or the purchase of c	re period and the consumer goods).
F,SP, DC,JT	NAME OF CREDITOR AND ADDRESS		ORIGINAL AMOUNT	AMOUNT OUTSTANDING
			4 . 7	
			. '	
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			-	
[X]Che	ck here if entry is None]Check here if addition	al sheets are attached
List every	ITEM 5: OFFICERSHIP r officership, directorship, trusteeship, or other fidu ion, the term of office, and the annual compensati	iciary relationship held dui	ring the disclosure period	in any business or
F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
	·			

[X]Check here if entry is None

[]Check here if additional sheets are attached

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ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more.

F,\$P, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
[X]Chec	k here if entry is None	<u> </u>	dditional sheets are attached
/ List intere	ITEM 7: INTERESTS IN RE sts in real property in the State, acquired during the disclo	AL PROPERTY ACQUIRED paying period, if the interest has a value.	lue of \$10,000 or more.
F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
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r) Achae	le house if a star is Name	7. 10haalahaan 14-	
XIcuer	k here if entry is None ITEM 8: INTERESTS IN REA	L PROPERTY TRANSFERRED	dditional sheets are attached
	sts in real property in the State, transferred during the dis		
F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
	·		
[X]Che	ck here if entry is None	[]Check here if a	additional sheets are attached

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ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies	except in ministerial matters.	for a fee or compensation
during the disclosure period, excluding clients represented before courts.		

NAME OF CLIENT	NAME OF STATE AGENCY
	•
Check here If entry is None	[]Check here if additional sheets are attached

ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
			O4 JUN	RECE
			17 P1:35	Š

Check here if entry is None

[]Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

Linda Lellin K. Dela Cruz

17/04 DATE